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7590

02/22/2002

BARRY EVANS, ESQ.  
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## Certificate of Mailing

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<u>BARRY EVANS, ESQ.</u>	(Depositor's name)
<u>[Signature]</u>	(Signature)
<u>5/20/02</u>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/932,985	09/18/1997	JACOB N. WOHLSTADTER	370208-6220	5906

TITLE OF INVENTION: ASSAY SONICATION APPARATUS AND METHODOLOGY

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
40	nonprovisional	YES	\$640	\$0	\$640	05/22/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHIN, CHRISTOPHER L	1641	436-517000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Kramer Levin Naftalis & Frankel LLP  
2 Barry Evans, Esq.  
3

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Meso Scale Technologies, LLC

Gaithersburg, MD 20877

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 10

## 4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed. CK # 5712 \$240.00☐ Payment by credit card. Form PTO-2038 is attached. CK # 5711 \$30.00☐ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 30-03590 (enclose an extra copy of this form).

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